

## **Cover Page**

### **Qualified Dental Plan (QDP) for Individual and Small Business Market**

#### **Attachment 7 – Quality, Network Management, Delivery System Standards and Improvement Strategy**

#### **Attachment 14 - Performance Standards**

The following is the redline draft that includes updates made since the Cycle 2 comment period (November 18, 2021 through December 17, 2021):

- 2017-2023 QDP Attachment 7 - Quality, Network Management, Delivery System Standards and Improvement Strategy – Redline 1-24-22
- 2017-2023 QDP Attachment 14 - Performance Standards - Redline 1-42-22

All documents will be posted to the Plan Management HBEX webpage:  
<https://hbex.coveredca.com/stakeholders/plan-management/>.

## **Attachment 7 to Covered California 2017 – 2023 Individual Market QDP Issuer Contract: Quality, Network Management, Delivery System Standards and Improvement Strategy**

### **PROMOTING HIGHER QUALITY AND BETTER VALUE**

Covered California's framework for holding Dental Insurance Issuers accountable for quality care and delivery system reform seeks to lower costs, improve quality and health outcomes, and promote health equity, while ensuring a good choice of dental plans for consumers. Covered California and Contractor recognize that promoting better quality and value will be contingent upon smooth implementation and large enrollment in Covered California. Dental Insurance Issuers contracting with Covered California to offer Qualified Dental Plans (QDP) are integral to Covered California achieving its mission.

*The mission of Covered California is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and Providers that give them the best value.*

By entering into an Agreement with Covered California, the Contractor agrees to work with Covered California to develop and implement policies and practices that will promote quality and health equity, and lower costs for the Contractor's California membership. This Quality, Network Management, Delivery System Standards and Improvement Strategy is designed to hold QDP Issuers accountable for ensuring that Covered California Enrollees receive high-quality, equitable care, while QDP Issuers work to improve the healthcare delivery system and reduce costs.

All QDP Issuers have the opportunity to take a leading role in helping Covered California support models of care that promote the vision of the Affordable Care Act and meet consumer needs and expectations. The Contractor and Covered California can promote improvements in the entire healthcare delivery system. This focus will require both Covered California and Contractor to coordinate with and promote alignment with other purchasers, organizations, and groups that seek to deliver better care and higher value. By entering into this Agreement, Contractor affirms its commitment to be an active and engaged partner with Covered California and to work collaboratively to define and implement additional initiatives and programs to continuously improve quality, equity, and value.

In addition, Covered California expects all QDP Issuers to balance the need for accountability and transparency at the provider-level with the need to reduce administrative burden on providers as much as possible. For there to be a meaningful impact on overall healthcare cost and quality, solutions and successes need to be sustainable, scalable and expand beyond local markets or specific groups of individuals. Covered California expects its QDP Issuers to support their providers to engage in a culture of continuous quality and value improvement, which will benefit both Covered California Enrollees and the QDP Issuer's entire California membership.

The Contractor shall comply with the requirements in this Agreement by January 1, 2023 unless otherwise specified.

This Attachment 7 contains numerous reports that will be required as part of the annual certification and contracting process with QDP Issuers. -Contractor shall submit all required reports as defined in this Attachment 7 and listed in the annual "Contract Reporting Requirements" table found on Covered California's Extranet site: (Plan Home, in the Resources folder, Contract Reporting Compliance subfolder). This information will be used for negotiation and evaluation purposes regarding any extension of this Agreement and will be reported as requested in the annual application for certification.

Covered California will use information on cost, quality, and disparities provided by Contractor to evaluate and publicly report both QDP Issuer performance and its impact on the healthcare delivery system and health coverage in California.

## **Article 1. Improving Care, Promoting Better Health and Lowering Costs**

**1.01 Coordination and Cooperation.** -Contractor and Covered California agree that the Quality, Network Management and Delivery System Standards serve as a starting point for what must be ongoing, refined, and expanded efforts to promote improvements in care for Covered California Enrollees and across Contractor's California members. Improving and building on these efforts to improve oral health care and reduce administrative burdens will require active partnership between both Covered California and the Contractor, but also with Providers, consumers, and other important stakeholders.

1) Covered California shall facilitate ongoing discussions with the Contractor and other stakeholders through the Covered California's Plan Management and Delivery System Reform Advisory Group, Dental Technical Workgroup, and through other forums as may be appropriate to work with Contractors to assess the elements of this section and their impact, and ways to improve upon them, on:

- (a) Covered California Enrollees and other consumers;
- (b) Providers in terms of burden, changes in payment and rewarding the Triple Aim of improving care, promoting better health, and lowering costs; and
- (c) Contractors in terms of the burden of reporting, participating in quality or delivery system efforts.

2) The Contractor agrees to participate in the Covered California advisory and planning processes, including but not limited to participating in the Plan Management and Delivery System Reform Advisory Group and Dental Technical Workgroup.

**1.02 Participation in Collaborative Quality Initiatives.** -Covered California and Contractor will collaboratively identify and evaluate the most effective programs for improving care for Covered California Enrollees, and Covered California and Contractor may consider participation by Contractor as a requirement for future certification.

**1.03 Reducing Health Disparities and Assuring Health Equity.** -Covered California and the Contractor recognize that promoting better health requires a focus on addressing health disparities and health equity. -Because of this, Contractor agrees to work with Covered California to identify strategies that will address health disparities in meaningful and measurable ways. This shall include:

1) Participating in Covered California workgroups and forums to share strategies and tactics that are particularly effective;

2) Working with Covered California to determine how data can best be collected and used to support improving oral health equity including the extent to which data might be better collected by Covered California or the Contractor and how to assure that the collection and sharing of data is sensitive to Covered California Enrollees' preferences. -In working with Covered California, Contractor agrees to report how it plans to collect and use data on demographic characteristics, including but not limited to:

- (i) Age
- (ii) Race
- (iii) Ethnicity
- (iv) Gender
- (v) Primary language
- (vi) Disability status

3) For Measurement Year 2023, the Contractor must demonstrate capture of self-identification of race and ethnicity data for Covered California Enrollees by including a valid race and ethnicity attribute for in its Healthcare Evidence Initiative (HEI) data submissions.

The Contractor must engage with Covered California to review its race and ethnicity data for its Covered California and off-Exchange members for Measurement Year 2023.

## Article 2. Provision and Use of Data and Information for Quality of Care

**2.01 Dental Utilization Reporting.** -Contractor shall submit to Covered California dental utilization data to include the measure numerator, denominator and rate for the required measure set. Covered California reserves the right to use the Contractor-reported measures scores to construct Contractor summary quality ratings that Covered California may use for such purposes as Covered California's plan oversight management.

### 2.02 Data Submission

**2.02.1** Covered California and the Contractor recognize the importance of submitting timely and appropriate data for use in improving quality of care.

**2.02.2** Contractor must comply with the following data submission requirements:

- 1) General Data Submission Requirements
  - (a) California law requires Contractor to provide Covered California with information on cost, quality, and disparities to evaluate the impact of Covered California on the health delivery system and health coverage in California.-
  - (b) California law requires Contractor to provide Covered California with data needed to conduct audits, investigations, inspections, evaluations, analyses, and other activities needed to oversee the operation of Covered California, which may include financial and other data pertaining to Covered California's oversight obligations. California law further specifies that any such data shall be provided in a form, manner, and frequency specified by Covered California.
  - (c) The Contractor is required to provide Healthcare Evidence Initiative Data ("HEI Data") that may include, but need not be limited to, data and other information pertaining to quality measures affecting ~~enrollee~~Enrollee health and improvements in healthcare care coordination and patient safety. -This data may likewise include ~~enrollee~~Enrollee claims and encounter data needed to monitor compliance with applicable provisions of this Agreement pertaining to improvements in health equity and disparity reductions, performance improvement strategies, individual payment methods, as well as ~~enrollee~~Enrollee-specific financial data needed to evaluate ~~enrollee~~Enrollee costs and utilization experiences.

Covered California agrees to use HEI Data for only those purposes authorized by applicable law.

- (d) The Parties mutually agree and acknowledge that financial and other data needed to evaluate Enrollee costs and utilization experiences shall include, but need not be limited to, information pertaining to contracted provider reimbursement rates and historical data as required by applicable California law.
- (e) Covered California may, in its sole discretion, require that certain HEI Data submissions be transmitted to Covered California through a vendor (herein, "HEI Vendor") which will have any and all legal authority to receive and collect such data on Covered California's behalf. -Notwithstanding the foregoing, the parties mutually agree and acknowledge that the form, manner, and frequency wherein Covered California may require the submission of HEI Data may, in Covered California's discretion, require the use of alternative methods for the submission of any such data. -Such alternative methods may include but need not be limited to data provided indirectly through an alternative vendor or directly to Covered California either via the terms of this Agreement or the certification process for Covered California participation. -Covered California will provide Contractor with sufficient notice of any such alternative method.

2) Healthcare Evidence Initiative Vendor (HEI Vendor)

- (a) Covered California represents and warrants that any HEI Vendor which, in its sole discretion, Covered California should contract with to assist with its oversight functions and activities shall have any and all legal authority to provide any and such assistance, including but not limited to the authority to collect, store, and process HEI Data subject to this Agreement.
- (b) The parties acknowledge that any such HEI Vendor shall be retained by and work solely with Covered California and that Covered California shall be responsible for HEI Vendor's protection, use and disclosure of any such HEI Data.
- (c) Notwithstanding the foregoing, Covered California acknowledges and agrees that disclosures of HEI Data to HEI Vendor or to Covered California shall at all times be subject to conditions or

requirements imposed under applicable federal or California State law.

3) HEI Vendor Designation

- (a) Should Covered California terminate its contract with its then-current HEI Vendor, Covered California shall provide Contractor with at least thirty (30) days' written notice in advance of the effective date of such termination.
- (b) Upon receipt of the aforementioned written notice from Covered California, the Contractor shall terminate any applicable data-sharing agreement it may have with Covered California's then-current HEI Vendor and shall discontinue the provision of HEI Data to Covered California's then-current HEI Vendor.

4) Covered California shall notify Contractor of the selection of an alternative HEI Vendor as soon as reasonably practicable and the parties shall at all times cooperate in good faith to ensure the timely transition to the new HEI Vendor.

5) HIPAA Privacy Rule

(a) PHI Disclosures Required by California law:

i) California law requires the Contractor to provide HEI Data in a form, manner, and frequency determined by Covered California. -Covered California has retained and designated HEI Vendor to collect and receive certain HEI Data information on its behalf.

ii) Accordingly, the parties mutually agree and acknowledge that the disclosure of any HEI Data to Covered California or to HEI Vendor which represents PHI is permissible and consistent with applicable provisions of the HIPAA Privacy Rule which permit Contractor to disclose PHI when such disclosures are required by law (45 CFR §164.512(a)(1)).

(b) PHI Disclosures For Health Oversight Activities:

i) The parties mutually agree and acknowledge that applicable California law (CA Gov Code §100503.8) requires Contractor to provide Covered California with HEI Data for the purpose

of engaging in health oversight activities and declares Covered California to be a health oversight agency for purposes of the HIPAA Privacy Rule (CA Gov Code §100503.8).

- ii) The HIPAA Privacy Rule defines a “health oversight agency” to consist of a person or entity acting under a legal grant of authority from a health oversight agency (45 CFR §164.501) and HEI Vendor has been granted legal authority to collect and receive HEI Data from Contractor on Covered California’s behalf.
- iii) Accordingly, the parties mutually acknowledge and agree that the provision of any HEI Data by Contractor to Covered California or HEI Vendor which represents PHI is permissible under applicable provisions of the HIPAA Privacy Rule which permit the disclosure of PHI for health oversight purposes (45 CFR §164.512(d)).

(c) Publication of Data and Public Records Act Disclosures

- i) The Contractor acknowledges that Covered California intends to publish certain HEI Data provided by the Contractor pertaining to its cost reduction efforts, quality improvements, and disparity reductions.
- ii) Notwithstanding the foregoing, the parties mutually acknowledge and agree that data shall at all times be disclosed in a manner which protects the Personal Information (as that term is defined by the California Information Privacy Act) of the Contractor’s Enrollees or prospective ~~enrollees~~Enrollees.
- iii) The parties further acknowledge and agree that records which reveal contracted rates paid by the Contractor to health care providers, as well as any ~~enrollee~~Enrollee cost share, claims or encounter data, cost detail, or information pertaining to ~~enrollee~~Enrollee payment methods, which can be used to determine contracted rates paid by the Contractor to health care providers shall not at any time be subject to public disclosure and shall at all times be deemed to be exempt from compulsory disclosure under the Public Records Act. Accordingly, Covered California shall take all

reasonable steps necessary to ensure such records are not publicly disclosed.

### 2.03 Quality and Delivery System Reform Reporting

Contractor will be required to respond to questions identified and required by Covered California in the annual certification application related to quality and delivery system reform requirements in this Attachment 7.

Such information will be used by Covered California to evaluate Contractor's performance under the terms of the Quality, Network Management, Delivery System Standards and Improvement Strategy and in connection with the evaluation regarding any extension of this Agreement and the certification process for subsequent years. –The timing, nature and extent of such responses will be established by Covered California based on its evaluation of various quality-related factors.

### 2.04 Data Measurement Specifications

Contractor shall report metrics specified herein, as specified, and as requested by Covered California. Covered California and Contractor agree to work collaboratively during the term of this Agreement to enhance the data specifications and further define the requirements.

**2.05 Determining Covered California Enrollee Health Status and Use of Risk Assessments.** Contractor shall demonstrate the capacity and systems to collect, maintain, and use individual information about Covered California ~~Plan~~ Enrollees' oral health status and behaviors in order to promote better oral health and to better manage Covered California Enrollees' oral health conditions. Contractor shall demonstrate the use of Risk Assessment to identify members in need of dental treatment services including but not limited to preventive and diagnostic services.

To the extent the Contractor uses or relies upon Risk Assessments to determine oral health status, Contractor shall offer, upon initial enrollment and on a regular basis thereafter, a Risk Assessment to all Covered California ~~Plan~~-Enrollees, including those Covered California ~~Plan~~-Enrollees that have previously completed such an assessment. If a Risk Assessment tool is used, it is recommended that the Contractor select a tool that adequately evaluates Covered California ~~Plan~~-Enrollees current oral health status and provides a mechanism to conduct ongoing monitoring for future intervention(s).

## **2.06 Reporting to and Collaborating with Covered California**

**Regarding Health Status.** -Contractor shall provide to Covered California, in a format that shall be mutually agreed upon, information on how it collects and reports, at both individual and aggregate levels, changes in Covered California ~~Plan~~ Enrollees' oral health status. -Reporting may include a comparative analysis of oral health status improvements across geographic regions and demographics.

Contractor shall report to Covered California its process to monitor and track Covered California~~Plan~~ Enrollees' oral health status, which may include its process for identifying individuals who show a decline in oral health status, and referral of such Covered California~~Plan~~ Enrollees to Contractor care management and chronic condition program(s) as defined in Section 4.03, for the necessary intervention. -Contractor shall annually report to Covered California the number of Covered California~~Plan~~ Enrollees who are identified through their selected mechanism and the results of their referral to receive additional services.

Contractor agrees to work with Covered California to standardize: (1) indicators of Covered California~~Plan~~ Enrollee risk factors; (2) oral health status measurement; and (3) oral health assessment questions across all Contractors, with the goal of having standard measures used across Covered California's Contractors in a period of time mutually agreed upon by Contractor and Covered California.

## **Article 3. Preventive Health and Wellness**

**3.01 Health and Wellness Services.** -Contractor is required to actively outreach and monitor the extent to which Covered California ~~Plan~~ Enrollees obtain preventive health and wellness services within the Covered California Enrollee's first year of enrollment. Contractor shall submit information annually to Covered California related to Covered California~~Plan~~ Enrollees' access to preventive health and wellness services. Specifically, Contractor shall assess and discuss the participation by Covered California~~Plan~~ Enrollees in necessary diagnostic and preventive services appropriate for each Covered California enrollee~~Enrollee~~.

Contractor shall annually submit to Covered California documentation of a health and wellness communication process to Covered California Enrollees and Participating Providers.

**3.02 Community Health and Wellness Promotion.** Covered California and Contractor recognize that promoting better health for Covered California~~Plan~~ Enrollees also requires engagement and promotion of community-wide initiatives that foster better health, healthier environments, and the promotion of healthy behaviors across the

community. -Contractor shall report annually, in a format as specified by Covered California, the initiatives, programs and/or projects that it supports that promote wellness and better community health that specifically reach beyond the Contractors' Covered California Enrollees. Such programs may include, but are not limited to, partnerships with local or state public health departments and voluntary health organizations which operate preventive and other health programs.

Contractor shall develop and provide reports on how it is participating in community health and wellness promotion. It is recommended that report information be coordinated with existing national measures, whenever possible.

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## **Article 4. Access, Coordination, and At-Risk Covered California Enrollee Support**

Covered California and Contractor recognize that access to care, coordination of care, and early identification of high risk ~~enrollees~~ Enrollees are central to the improvement of Enrollee health. -Traditionally, primary care dentists have provided an entry point to the system (access), coordination of care, and early identification of at-risk patients, and the Covered California strongly encourages the full use of PCPs by Contractors. -Contractor and the Covered California shall identify further ways to increase access and coordination of care and agree to work collaboratively to achieve these objectives.

**4.01 Encouraging Consumers' Access to Appropriate Care.** -Contractor is encouraged to assist Covered California Enrollees in selecting a primary care dentist, dental clinic, or Federally Qualified Health Center that provides dental care within sixty (60) ~~days~~ Days of enrollment. -In the event the Covered California Enrollee does not select a primary care dentist within the allotted timeframe, Contractor may auto-assign the Covered California ~~enrollee~~ Enrollee to a primary care dentist and the assignment shall be communicated to the Covered California ~~Plan~~ Enrollee. -The Contractor will also make reasonable effort to notify the primary care dentist of the Covered California Enrollee assignment. In the event of an auto-assignment, Contractor shall use commercially reasonable efforts to make the primary care dentist assignment consistent with an Covered California Enrollee's stated gender, language, ethnic and cultural preferences, if known. -It is recommended that consideration be given to, geographic accessibility and existing family member assignment or prior provider assignment.

**4.02 Promoting Development and Use of Effective Care Models.** -Contractor shall report annually, in a format to be mutually agreed upon between Contractor and Covered California, on: (1) the number and percentage of Covered California ~~Plan~~ Enrollees who have selected or been assigned to a primary care dentist, as described in Section 4.01. In the event that the reporting requirements identified herein include Protected Health Information, Contractor shall provide Covered California only with de-identified Protected Health Information as defined in 45 C.F.R. § 164.514.

Contractor shall not be required to provide Covered California any data, information, or reports that would violate peer review protections under applicable laws, rules, and regulations.

**4.03 Identification and Services for At-Risk Covered California Enrollees.** Contractor agrees to identify and proactively manage Covered California Enrollees with existing and newly diagnosed need for dental treatment beyond diagnostic and preventive dental services and Covered California Enrollees with chronic conditions and

who are most likely to benefit from well-coordinated care (“At-Risk Covered California Enrollees”). -Contractor agrees to support disease management activities at the plan or dental provider level that meet standards of accrediting programs such as the Utilization Review Accreditation Commission (URAC). -As described in Section 2.04, Contactor shall determine the health status of its new Covered California Enrollees including identification of those with chronic conditions or other significant dental needs within the first one hundred twenty (120) ~~days~~ Days of enrollment, provided Covered California has provided timely notification of enrollment. -Covered California will work with Contractor to develop a documented process, care management plan, and strategy for targeting At-Risk Covered California Enrollees. Such documentation may include the following:

- (a) Methods to identify and target At-Risk Covered California Enrollees;
- (b) Description of Contractor’s predictive analytic capabilities to assist in identifying At-Risk Covered California Enrollees who would benefit from early, proactive intervention;
- (c) Communication plan for known At-Risk Covered California Enrollees to receive information prior to provider visit;
- (d) Process to update At-Risk Covered California Enrollee dental history in the Contractor maintained Covered California ~~Plan~~ Enrollee health profile;
- (e) Mechanisms to evaluate access within provider network, on an ongoing basis, to ensure that an adequate network is in place to support a proactive intervention and care management program for At-Risk Covered California Enrollees;
- (f) Care and network strategies that focus on supporting a proactive approach to At-Risk Covered California ~~Plan~~ Enrollee intervention and care management. -Contractor agrees to provide Covered California with a documented plan and include “tools” and strategies to supplement or expand care management and Provider network capabilities, including an expansion or reconfiguration of specialties or health care professionals to meet clinical needs of At-Risk Covered California Enrollees.
- (g) Data on number of Covered California Enrollees identified and types of services provided.

**4.04 Teledentistry and Remote Monitoring.** -In the annual application for certification, Contractor will be required to report the extent to which the Contractor is

supporting and using technology to assist in higher quality, accessible, patient-centered care, and the utilization for Covered California Enrollees on the number of unique patients and number of separate servicing provided for teledentistry and remote home monitoring. Contractor agrees to work with Covered California to provide comparison reporting for its other lines of business to compare performance and inform future requirements for Covered California where comparative data can offer meaningful reference points. -Such information will be used for negotiation and evaluation purposes regarding any extension of this Agreement and the annual certification process for subsequent years.

Reporting requirements will be met through completing the annual application for certification, but contractor may supplement such reports with data on the efficacy and impact of such utilization. -These reports must include whether these models are implemented in association with Dental Home models or are independently implemented.

## Article 5. Patient-Centered Information and Communication

**5.01 Provider Cost and Quality.** -Contractor shall provide Covered California with its plan, measures, and process to provide Covered California Plan Enrollees with current cost and quality information for network providers.- Contractor shall report how it is or intends to make provider specific cost and quality information available by region, and the processes by which it updates the information. -Information delivered through Contractor's Provider performance programs shall be meaningful to Covered California Plan Enrollees and reflect a diverse array of Provider clinical attributes and activities, including but not limited to: provider background; quality performance; patient experience; volume; efficiency; and price of services. -The information shall be integrated and accessible through one forum providing Covered California Plan enrollees-Enrollees with a comprehensive view.

**5.02 Covered California Enrollee Cost Transparency.** -Covered California and Contractor acknowledge and agree that information relating to the cost of procedures and services is important to Enrollees, Covered California, the Contractor, and Providers. -Covered California also understands that Contractor negotiates Agreements with Providers, including dental practice groups and other clinical providers, which may result in varied Provider reimbursement levels for identical services or procedures. -In the event that Contractor's Provider contracts result in different Provider reimbursement levels that have an impact on Covered California Plan Enrollee costs within a specific region, as defined by paid claims for Current Dental Terminology (CDT) services, Contractor agrees to provide Covered California with its plan, measures, and process to assist Covered California Plan Enrollees in identifying total cost and out-of-pocket cost information for the highest frequency and highest cost service(s) and or procedure(s). When available, this pricing information shall be prominently displayed and made available to both Covered California Plan-Enrollees and contracted Contractor Providers if provided. -This information shall be updated on at least an annual basis unless there is a contractual change that would change Covered California enrollee-Enrollee out-of-pocket costs by more than 10%. -In that case, information must be updated within thirty (30) days-Days of the effective date of the new contract.

**5.03 Covered California Enrollee Benefit Information.** -Contractor shall provide Covered California Plan Enrollees with current information regarding annual out-of-pocket costs, status of deductible, status of benefit limit if applicable, and total oral health care services received to date.

## **Article 6. Promoting Higher Value Care**

Reserved for future use

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# Quality, Network Management and Delivery System Standards

## Glossary of Key Terms

**Care Management** - Healthcare services, programs and technologies designed to help individuals with certain long-term conditions better manage their overall care and treatment. Care management typically encompasses Utilization Management (UM), Disease Management (DM) and Case Management (CM). Care Management's primary goal is to prevent the sick from getting sicker and avoiding acute care events. -Care Management is usually considered a subset of Population Health Management.

**Contractor** - The Dental Insurance Issuer contracting with Covered California under this Agreement to offer a QDP and perform in accordance with the terms set forth in this Agreement.

**Covered California** – The California Health Benefit Exchange, doing business as Covered California and an independent entity within the Government of the State of California.

**Covered California Enrollee** – Refers to every individual enrolled in Covered California for the purpose of receiving health benefits. Also referred to as “on-Exchange”.

**Days** – Wherever in this Agreement a set number of days is stated or allowed for a particular event to occur, the days are understood to include all calendar days, including weekends and holidays, unless otherwise specified.

**Delivery System Transformation** - A set of initiatives taken by purchasers, employers, health plans or providers, together or individually, to drive the creation and preferred use of care delivery models that are designed to deliver higher value aligned with the “Triple Aim” goals of patient care experience including quality and satisfaction, improve the health of the populations, and reduce the per capita cost of health care services. Generally, these models require improved care coordination, provider and payer information sharing, and programs that identify and manage populations of individuals through care delivery and payment models.

**Dental Primary Care** - Professional guidelines for addressing pediatric oral health needs are predicated on early and periodic clinical examinations to assess for evidence of pathologic changes or developmental abnormalities, diagnoses to determine treatment needs, and follow-up care for any conditions requiring treatment. These recurring periodic oral assessments ("dental checkups") are generally coupled with routine preventive services and increasingly seek to incorporate assessments of risk factors that elevate the likelihood of destructive changes if allowed to persist. This

pattern of periodic assessments, preventive services, and necessary follow-up care also generally applies for adults, who collectively are more susceptible to the development of periodontal disease, oro-pharyngeal cancers, and other soft tissue abnormalities.

**Dental Home** - Oral health care is best delivered in a "dental home" where competent oral health care practitioners provide continuous and comprehensive services. It is recommended that a dental home be established at a young age. -An adequate dental home shall be expected to provide patients with: an accurate examination and risk assessment for dental diseases; an individualized preventive dental health program based upon the examination and risk assessment; information about proper diet and nutrition practices; a continuing care provider that accomplishes restorative and surgical dental care when necessary in a manner consistent with the patient's psychological needs; referrals to dental specialists when care cannot be directly provided within the dental home; and coordination of care with the patient's primary care medical provider as applicable. Additionally, for pediatric patients and their caregivers, an adequate dental home shall provide advice for injury prevention and a plan for dealing with dental emergencies, information about proper care of the child's teeth and supporting structures, pit and fissure sealants, a place for the child and parent to establish a positive attitude about dental health, and anticipatory guidance about growth and developmental issues.

**Enrollees** – Enrollee means each and every individual enrolled for the purpose of receiving dental benefits in the dental plan or market referenced. If no dental plan or market is referenced, this term is used to reference individuals enrolled in both on-Exchange QDPs and off-Exchange dental plans in the individual and small group markets.

**Population Health Management** - A management process that strives to address health needs, including oral health, at all points along the continuum of health and wellbeing, through participation of, engagement with and targeted interventions for the population. -The goal of a Population Health Management program is to maintain and/or improve the physical and psychosocial wellbeing of individuals through cost-effective and tailored health solutions.

**Preventive Health and Wellness Services** - The provision of specified preventive and wellness services and chronic disease management services, including preventive care, screening and immunizations, set forth under Section 1302 of the Affordable Care Act (42 U.S.C. Section 18022) under Section 2713 of the Affordable Care Act (42 U.S.C. § 300gg-13), to the extent that such services are required under the California Affordable Care Act.

**Qualified Dental Plan or QDP**– A dental care service plan contract or policy of insurance offered by a QDP Issuer and certified by Covered California. QDP means either a Children’s Dental Plan or a Family Dental Plan.

**Qualified Dental Plan Issuer or QDP Issuer** - A licensed dental care service plan or insurer that has been selected and certified by Covered California to offer QDPs through Covered California.

**Teledentistry** - A mode of delivering professional dental care and public dental services to a patient through information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s dental care while the patient is at the originating site and the dental care provider is at a distant site.

## Attachment 14. Performance Standards

During the term of this Agreement, Contractor shall meet or exceed the Performance Standards identified in this Attachment. For those Performance Standards with Penalties, Contractor shall be responsible for payment of penalties for Contractor's failure to meet the Performance Standards in accordance with the terms set forth in Section 6.2 of the Agreement and this Attachment 14. Contractor shall submit the data required by the Performance Standards by the date specified by Covered California. Some of the data required applies to a window of time. Some of the data represents a point in time. This measurement timing is described in more detail in the sections within this Attachment.

Contractor shall monitor and track its performance each month against the Performance Standards and provide Covered California with a detailed Monthly Performance Report in a mutually-agreeable format. Contractor must report on Covered California business only and report Contractor's Covered California Enrollees in Covered California for the Individual Exchange Market separate from Contractor's Covered California Enrollees in Covered California for Small Business. Except as otherwise specified below in the Performance Standards Table, the reporting period for each Performance Standard shall be one calendar month. All references to days shall be calendar days and references to time of day shall be to Pacific Standard Time.

If Contractor fails to meet any Performance Standard in any calendar month (whether or not the failure is excused), Covered California may request and Contractor shall (a) investigate and report on the root cause of the problem; (b) develop a corrective action plan (where applicable); (c) to the extent within Contractor's control, remedy the cause of the performance failure and resume meeting the affected Performance Standards; (d) implement and notify Covered California of measures taken by Contractor to prevent recurrences, if the performance failure is otherwise likely to recur; and (e) make written recommendations to Covered California for improvements in Contractor's procedures.

As specified below, certain Performance Standards are subject to penalties. The total amount at risk is equal to five percent (5%) of the total Participation Fee paid by Contractor in accordance with the terms set forth in Section 5.1.3 of the Agreement for the Individual Market (At-Risk Amount). Penalties will be determined on an annual basis at the end of each calendar year, based on Contractor's final year-end data for each Performance Standard, and three point twenty-five (3.25) percent of the total Participation Fee that is payable to Covered California in accordance with the terms set forth in Section 5.2.2 for Covered California for Small Business (At-Risk Amount).

Covered California will provide the Contractor an Initial Contractor Performance Standard Evaluation Report, covering preliminary year end data available, which Covered California will send to Contractor for review no later than February 28<sup>th</sup> of the following calendar year.

When the results of the Performance Standards are calculated, Covered California will provide Contractor with a Final Contractor Performance Standard Evaluation Report, along with an invoice, within 60 calendar days of receipt of the Performance Standards data requirements.

Contractor shall remit payment to Covered California within 30 calendar days of receiving the Final Contractor Performance Measurement Evaluation Report and invoice. If Contractor does not agree with either the Initial or the Final Performance Standard Evaluation Report, Contractor may dispute the Report in writing within thirty (30) calendar days of receipt of that Report. The written notification of dispute shall provide a detailed explanation of the basis for the dispute. Covered California shall review and provide a written response to Contractor's dispute within thirty (30) calendar days of receipt of Contractor's notification of dispute. If the Contractor still disputes the findings of Covered California, Contractor may pursue additional remedies in accordance with Section 12.1 of the Agreement.

### **Performance Standards Reporting - Group 1 - Customer Service and Group 2 – Operational, Performance Standards 1.1 – 1. 6 and 2.1 – 2.5**

Contractor shall not be responsible for any failure to meet a Performance Standard if and to the extent that the failure is excused pursuant to Section 12.7 of the Agreement (Force Majeure) or the parties agree that the lack of compliance is due to Covered California's failure to properly or timely perform (or cause to be properly or timely performed) any responsibility, duty, or other obligation under this Agreement, provided that Contractor timely notifies Covered California of the problem and uses commercially reasonable efforts to perform and meet the Performance Standards notwithstanding Covered California's failure to perform or delay in performing.

If Contractor wishes to avail itself of one of these exceptions, Contractor must notify Covered California in its response to the performance report identifying the failure to meet such Performance Standard. This response

must include: (a) the identity of the Performance Standard that is subject to the exception, and (b) the circumstances that gave rise to the exception in sufficient detail to permit Covered California to evaluate whether Contractor's claim of exception is valid. -Notwithstanding anything to the contrary herein, in no event shall any failure to meet a Customer Satisfaction Performance Standard fall within an exception.

The Parties may adjust, suspend, or add Performance Standards from time to time, upon written agreement of the parties, without an amendment to this contract.

### **Performance Standards Reporting – Group 3 – Dental Quality Alliance (DQA) Pediatric Measure Set, Group 4 – Utilization Measures for Adult Dental, Group 5 - Quality and Delivery System Reform**

**Annual Performance Report:** -An annual report will be required for the performance measurement data in Group 3 and 4. -The performance period is the 2017 - 2023 contract term. -Annual reports for Group 3 and 4 are due by April 30th of the following calendar year. -The Annual Narrative Report for Group 5 is due by February 28th of the following calendar year. -Contractor shall report Covered California business only, separated by product type if Contractor offers multiple products for Groups 3 and 4, and shall report Covered California for the Individual Market separate from Contractor's Covered California Enrollees in Covered California for Small Business.

## Covered California Performance Standards for Contractor

### Group 1: Customer Service Performance Standards

#### 24% of Total Performance Penalty at Risk

Contractor shall submit all Group 1 data on a monthly basis by the 10<sup>th</sup> of the following month for the previous month's data.

	Performance Standard	Individual	Small Business	Performance Requirements
			No penalties will be assessed in 2017 – 2023.	
1.1	<p><b>Abandonment Rate (%)</b></p> <p>4% of total performance penalty for this Group.</p> <p>Measurement Period <u>January 1, 2023-December 31, 2023</u></p>	X	X	<p>Divide number of abandoned calls by the number of calls offered to a phone representative.</p> <p><u>Expectation:</u> No more than 3% of incoming calls abandoned in a calendar month.</p> <p><u>Performance Level:</u> &gt;3% abandoned: 4% performance penalty. &lt;3% abandoned: no penalty.</p>
1.2	<p><b>Service Level</b></p> <p>4% of total performance penalty for this Group.</p> <p>Measurement Period <u>January 1, 2023-December 31, 2023</u></p>	X	X	<p><u>Expectation:</u> 80% of calls answered in 30 seconds or less.</p> <p><u>Performance Level:</u> &lt;80%: 4% performance penalty. &gt; 80%: no penalty.</p>

**Group 1: Customer Service Performance Standards**  
**24% of Total Performance Penalty at Risk**

Contractor shall submit all Group 1 data on a monthly basis by the 10<sup>th</sup> of the following month for the previous month's data.

<b>Performance Standard</b>	<b>Individual</b>	<b>Small Business</b> No penalties will be assessed in 2017 – 2023.	<b>Performance Requirements</b>
<p><b>1.3 ID Card Processing Time</b></p> <p>If carrier uses a no-card eligibility verification system: the time frame from receipt of binder payment or complete and accurate enrollment information through the date consumer receives carrier communication regarding use of no-card eligibility verification system.</p> <p>4% of total performance penalty for this Group.</p> <p>Contractor shall submit this data monthly by the 10<sup>th</sup> of the following month for the previous month's data.</p> <p>Measurement Period  <u>January 1, 2023-December 31, 2023</u></p>	X	X	<p><u>For Covered California for the Individual Market:</u>  <u>Expectation:</u> 99% of ID cards issued within 10 business days of receiving complete and accurate enrollment information and binder payment for a specific consumer(s).</p> <p><u>For Small Business:</u>  <u>Expectation:</u> 99% of ID cards issued within 10 business days of receipt of complete and accurate enrollment information for a specific consumer.</p> <p><u>Performance Level:</u> &lt;99%:            4% performance penalty.</p>

**Group 1: Customer Service Performance Standards**  
**24% of Total Performance Penalty at Risk**

Contractor shall submit all Group 1 data on a monthly basis by the 10<sup>th</sup> of the following month for the previous month's data.

	<b>Performance Standard</b>	<b>Individual</b>	<b>Small Business</b> No penalties will be assessed in 2017 – 2023.	<b>Performance Requirements</b>
1.4	<b>Initial Call Resolution</b>  4% of total performance penalty for this Group.  Measurement Period <u>January 1, 2023-December 31, 2023</u>	X	X	<u>Expectation:</u> -85% of Covered California enrollee Enrollee issues will be resolved within one (1) business day of receipt of the issue.  <u>Performance Level:</u> -<85%: 4% performance penalty. >85%: no penalty.
1.5	<b>Grievance Resolution</b>  4% of total performance penalty for this Group.  Measurement Period <u>January 1, 2023-December 31, 2023</u>	X	X	<u>Expectation:</u> -95% of Covered California enrollee Enrollee grievances resolved within 30 calendar days of initial receipt.  <u>Performance Level:</u> -<95% resolved within 30 calendar days of initial receipt: 4% performance penalty. -95% or greater resolved within 30 calendar days of initial receipt: no penalty.
1.6	<b>Covered California member Email or Written Inquiries Answered and Completed</b>  4% of total performance	X	X	<u>Expectation:</u> 90% of Covered California member email or written inquiries answered and completed within 15 business days of the inquiry. Does not

**Group 1: Customer Service Performance Standards**  
**24% of Total Performance Penalty at Risk**

Contractor shall submit all Group 1 data on a monthly basis by the 10<sup>th</sup> of the following month for the previous month's data.

<b>Performance Standard</b>	<b>Individual</b>	<b>Small Business</b> No penalties will be assessed in 2017 – 2023.	<b>Performance Requirements</b>
penalty for this Group.  Measurement Period <u>January 1, 2023-December 31, 2023</u>			include appeals or grievances.  <u>Performance Level:</u> <90%: 4% performance penalty. >90%: no penalty.

Group 2: Operational Performance Standards 30% of Total Performance Penalty at Risk				
Performance Standard		Individual	Small Business	Performance Standards
2.1	<p><b>834 Processing</b></p> <p><b>Measurement Period:</b> Plan Year 2023, 834 transactions will begin with renewals. October 1, 2022 – December 31, 2023</p> <p>5% of total performance penalty for this Group.</p>	X		<p><u>Expectation:</u> -Covered California will receive a TA1 <del>or and</del> 999 file, <del>or both as appropriate</del> within three business days of receipt of the 834 file 95% of the time.</p> <p><u>Performance Level</u> &lt;95% below expectation: 5% performance penalty.</p>
2.2	<p><b>834 Generation – Effectuation and Cancellation Transactions</b></p> <p><b>Measurement Period:</b> Plan Year <u>2023</u>, 834 transactions will begin with renewals. October 1, 2022 – December 31, 2023</p> <p>2.5% of total performance penalty for this Group.</p>	X		<p><u>Expectation:</u> -Covered California will successfully receive and process effectuation and cancellation 834 transactions within 60 days from either the coverage effective date or transaction timestamp, whichever is later 95% of the time.</p> <p><u>Performance Level</u> &lt;95%: 2.5% performance penalty.</p>
2.3	<p><b>834 Generation – Termination Transactions</b></p> <p><b>Measurement Period:</b> Plan Year 2023 834 transactions will begin</p>	X		<p><u>Expectation:</u> Covered California will receive termination 834 transactions within ten days of the grace period expiration 95% of the time.</p>

Group 2: Operational Performance Standards 30% of Total Performance Penalty at Risk				
Performance Standard		Individual	Small Business	Performance Standards
	with renewals. October 1, 2022 – December 31, 2023  2.5% of total performance penalty for this Group.			<u>Performance Level</u> <95%: 2.5% performance penalty.
2.4	<b>Reconciliation Process</b>  <b>10% of total performance penalty for this Group.</b>  Measurement Period January 1, 2023- December 31, 2023	X		<u>Expectation:</u> -Covered California shall receive a comparison reconciliation extract in accordance with the file validations and resolution timelines, as mutually agreed upon in the Reconciliation Process Guide (Extranet, Data Home, Contractor's folder) 90% of the time for accuracy and timeliness.  <u>Performance Level:</u> <90%: below expectation: 10% performance penalty

**Group 2: Operational Performance Standards  
30% of Total Performance Penalty at Risk**

	Performance Standard	Individual	Small Business	Performance Standards
2.5	<p><b>Data Submission specific to contract Section 3.4.4 Provider Directory and Attachment 7, Article 2, Section 2.02 Data Submission Requirements.</b></p> <p>10% of total performance penalty for this Group.</p> <p>Measurement Period January 1, 2023- December 31, 2023</p> <p>Definitions for Performance Standard 2.5  <b>Incomplete:</b> -A file or part of a file is missing, or critical data elements are not provided.  <b>Irregular:</b> -Unexpected file or data element formatting, or record volumes or data element counts / sums deviate significantly from historical submission patterns for the data supplier.  <b>Late:</b> Data is submitted on a date later than the supplier's agreed-upon submission date (i.e., between the 5th and 15th of the month) plus five</p>	X	X	<p><u>Expectation:</u> Full and regular submission of data according to the standards outlined in the Attachment 7 citations. The Contractor must work with Covered California and HEI Vendor to ensure accuracy of data variables on an ongoing basis.</p> <p>a) Performance Level: Incomplete, irregular, late or non-useable data submission: 5% penalty of total performance requirement. Full and regular submission according to the formats specified and useable by Covered California located at: (Extranet, Plan Home, Resources, Provider Directory Resources. Covered California Provider Data Submission Schedule_Current year): no penalty</p> <p>b) 1. Incomplete, irregular, late or non-useable submission of HEI data: 2% penalty of total performance requirement. -Failure to submit required financials (e.g., allowed, copay, coinsurance, and deductible amounts)</p>

**Group 2: Operational Performance Standards  
30% of Total Performance Penalty at Risk**

Performance Standard	Individual	Small Business	Performance Standards
<p>business days.  <b>Non-Usable:</b> HEI Vendor cannot successfully include submitted data in its database build, or HEI Vendor's or Covered CA's analysts determine that critical components of the submitted data cannot be used or relied upon in subsequent analytic work.</p>			<p>constitutes incomplete submission. –Full and regular submission according to the formats specified and useable by Covered California within 5 business days of each monthly reporting cycle: no penalty.</p> <p>2. Dental claim/encounter submissions in which a file's allowed amount total varies by more than plus or minus 2% from the file's total net payment + coinsurance + copayment + deductible + third party amounts: 1% penalty of total performance requirement.</p> <p>3. Dental claim/encounter submissions with rendering provider taxonomy and type missing or invalid on more than 1% of claims: 1% penalty of total performance requirement. Submission meeting or surpassing the 99% populated and valid threshold: no penalty.</p> <p>4. Dental claim/encounter submissions with rendering National Provider Identifier (NPI) and Tax ID Number (TIN) missing or invalid on more than 1% of claims: 1% penalty of total</p>

**Group 2: Operational Performance Standards  
30% of Total Performance Penalty at Risk**

Performance Standard		Individual	Small Business	Performance Standards
				performance requirement. Submission meeting or surpassing the 99% populated and valid threshold: no penalty.

Total performance penalty at risk is below 100% in 2023 due to deletions and additions of performance standards resulting in a net loss to the total. The total percent at risk in 2023 will be 54%.

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data separated by product type for Group 3. No penalties will be assessed for Group 3 in 2023. Pilot Period January 1, 2021 – December 31, 2023**

<b>Measure</b>		<b>Description</b>	<b>Numerator</b>	<b>Denominator</b>	<b>QDP Performance Rate</b>	<b>Expectation</b>
<b>3.1</b>	Utilization of Services	Percentage of all enrolled children aged 0 - 1 who received at least one dental service within the reporting year.	Unduplicated number of enrolled children aged 0 – 1 who received at least one dental service.	Unduplicated number of all enrolled children aged 0 - 1.	NUM/DEN	10%
<b>3.2</b>	Utilization of Services	Percentage of all enrolled children aged 2 - under age 19 who received at least one dental service within the reporting year.	Unduplicated number of enrolled children aged 2 – under 19 who received at least one dental service.	Unduplicated number of all enrolled children aged 2 - under age 19.	NUM/DEN	50%
<b>3.3</b>	Oral Evaluation	Percentage of enrolled children under age 19 who received a comprehensive or periodic oral evaluation within the reporting year.	Unduplicated number of enrolled children under age 19 who received a comprehensive or periodic oral evaluation as a dental service.	Unduplicated number of enrolled children under age 19.	NUM/DEN	50%
<b>3.4 a</b>	Sealants in 10 year	Percentage of enrolled	Unduplicated number of	Unduplicated number of	NUM1/DEN;	20%

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data separated by product type for Group 3. No penalties will be assessed for Group 3 in 2023. Pilot Period January 1, 2021 – December 31, 2023**

Measure		Description	Numerator	Denominator	QDP Performance Rate	Expectation
	olds	children, who have ever received sealants on a permanent first molar tooth: (1) at least one sealant sealed by 10 <sup>th</sup> birthdate.	enrolled children who ever received sealants on a permanent first molar tooth: (1) at least one sealant.	enrolled children with their 10 <sup>th</sup> birthdate in measurement year.		
<b>3.4 b</b>	Sealants in 10 year olds	Percentage of enrolled children, who have ever received sealants on a permanent first molar tooth: and (2) all four molars sealed by 10 <sup>th</sup> birthdate.	Unduplicated number of enrolled children who ever received sealants on a permanent first molar tooth: and (2) all four molars sealed.	Unduplicated number of enrolled children with their 10 <sup>th</sup> birthdate in measurement year. Exclude children who received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four first permanent molars in the 48	NUM2/DEN (after exclusions)	20%

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data separated by product type for Group\_3. No penalties will be assessed for Group 3 in 2023. Pilot Period January 1, 2021 – December 31, 2023**

Measure		Description	Numerator	Denominator	QDP Performance Rate	Expectation
				months prior to the 10 <sup>th</sup> birthdate.		
<b>3.5 a</b>	Sealants in 15 year olds	Percentage of enrolled children, who have ever received sealants on a permanent second molar tooth: (1) at least one sealant sealed by the 15 <sup>th</sup> birthdate.	Unduplicated number of enrolled children who ever received sealants on a permanent second molar tooth: (1) at least one sealant.	Unduplicated number of enrolled children with their 15 <sup>th</sup> birthdate in measurement year.	NUM1/DEN;	20%
<b>3.5 b</b>	Sealants in 15 year olds	Percentage of enrolled children, who have ever received sealants on a permanent second molar tooth: (2) all four molars sealed by the 15 <sup>th</sup> birthdate.	Unduplicated number of enrolled children who ever received sealants on a permanent second molar tooth: (2) all four molars sealed.	Unduplicated number of enrolled children with their 15 <sup>th</sup> birthdate in measurement year. Exclude children who received treatment (restorations, extractions, endodontic, prosthodontic, and other dental	Num2/DEN (after exclusions)	20%

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data separated by product type for Group 3. No penalties will be assessed for Group 3 in 2023. Pilot Period January 1, 2021 – December 31, 2023**

Measure	Description	Numerator	Denominator	QDP Performance Rate	Expectation	
			treatments) on all four second permanent molars in the 48 months prior to the 15 <sup>th</sup> birthdate.			
<b>3.6</b>	Topical Fluoride for Children at Elevated Caries Risk	Percentage of enrolled children aged 1-18 years who are at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year.	Unduplicated number of enrolled children aged 1 – 18 years who have at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications as a dental service.	Unduplicated number of enrolled children aged 1-18 years at “elevated” risk (i.e. “moderate” or “high”).	NUM/DEN	50%
<b>3.7</b>	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Number of emergency department (ED) visits for caries-related reasons per 100,000 member months for all	Number of ED visits with caries-related diagnosis code among all enrolled children.	All member months for <u>Covered California enrollees</u> 0 through 18 years during the	(NUM/DEN) x 100,000	Monitoring until claims data is received

**Group 3: Dental Quality Alliance (DQA) Pediatric Measure Set**  
**Contractor shall annually submit the required Covered California data separated by product type for Group 3. No penalties will be assessed for Group 3 in 2023. Pilot Period January 1, 2021 – December 31, 2023**

Measure		Description	Numerator	Denominator or	QDP Performance Rate	Expectation
		enrolled children.		reporting year.		
<b>3.8</b>	Follow-Up After ED Visit by Children for Dental Caries	The percentage of caries-related emergency department visits among children 0 through 18 years in the reporting year for which the member visited a dentist within 7 days of the ED visit.	Number of caries-related ED visits in the reporting year for which the member visited a dentist within 7 days (NUM) of the ED visit.	Number of caries-related ED visits in the reporting year.	NUM/DEN	Monitoring until claims data is received
<b>3.9</b>	Follow-Up After ED Visit by Children for Dental Caries	The percentage of caries-related emergency department visits among children 0 through 18 years in the reporting year for which the member visited a dentist within 30 days of the ED visit.	Number of caries-related ED visits in the reporting year for which the member visited a dentist within 30 days (NUM) of the ED visit.	Number of caries-related ED visits in the reporting year.	NUM/DEN	Monitoring until claims data is received

**Group 4: Covered California Performance Standards and Reporting Requirements  
Utilization Measures for Adult Dental**

**Contractor shall annually submit the required Covered California data separated by product type for Group 4. No penalties will be assessed for Group 4 in 2023.**

**Pilot Period**

**January 1, 2021 – December 31, 2023**

<b>Utilization Measures</b>		<b>Performance Standards</b> Covered California will work with contractors as appropriate to adjust measure sets where a contractor does not have all of the specific Utilization measures.					
<b>4.1</b>	<p>Annual Dental Visit (ADV) Measure includes all members ages 19 years and older as of December 31, in the prior calendar year (denominator) who had at least one dental visit in 2018 (numerator). Measure include members enrolled for at least 11 of the 12 months in the prior calendar year.</p>	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> </tr> </thead> <tbody> <tr> <td>19+</td> <td>65%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	65%	
Age Group	Expectation						
19+	65%						
<b>4.2</b>	<p>Preventive Dental Services (PDS). Measure includes members enrolled for at least 11 of the 12 months in the prior calendar year (denominator) who received any preventive dental service (D1000-D1999) in the prior calendar year (numerator).</p>	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> </tr> </thead> <tbody> <tr> <td>19+</td> <td>50%</td> </tr> </tbody> </table>	Age Group	Expectation	19+	50%	
Age Group	Expectation						
19+	50%						
<b>4.3</b>	<p>Use of Dental Treatment Services (UDTS). Measure includes members enrolled for at least 11 of the 12 months in the prior calendar year</p>	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> </tr> </thead> <tbody> <tr> <td>19+</td> <td>Reporting only</td> </tr> </tbody> </table>	Age Group	Expectation	19+	Reporting only	
Age Group	Expectation						
19+	Reporting only						

**Group 4: Covered California Performance Standards and Reporting Requirements  
Utilization Measures for Adult Dental**

**Contractor shall annually submit the required Covered California data separated by product type for Group 4. No penalties will be assessed for Group 4 in 2023.**

**Pilot Period**

**January 1, 2021 – December 31, 2023**

<b>Utilization Measures</b>	<b>Performance Standards</b> Covered California will work with contractors as appropriate to adjust measure sets where a contractor does not have all of the specific Utilization measures.
(denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in the prior calendar year (numerator).	

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## Group 5: Covered California Performance Standards for Contractor: Quality and Delivery System Reform

The following questions support the narrative reporting requirement for Performance Measurement Standards. In performing its services under this agreement, Contractor shall use commercially reasonable efforts to meet or exceed the Performance Measurement Standards. Group 5 expectations apply equally to Covered California for the Individual Market and small group lines of business and shall be reported separately. The completed questions are to be submitted to Covered California by February 28 of the contract year in electronic format to be determined by Covered California.

### 5.1 Attachment 7, 1.03(b) Reducing Health Disparities and Assuring Health Equity

5.1.1 Identify the sources of data used to gather members' race/ethnicity, primary language, and disability status. -The response "enrollment form" pertains only to information reported directly by members or passed on by CalHEERS.

Data Element	Data Collection Method (Select all that apply)	Percent of Covered California membership for whom data is captured
Age	<ul style="list-style-type: none"> <li><input type="radio"/> Enrollment form</li> <li><input type="radio"/> Oral health risk assessment</li> <li><input type="radio"/> Information requested upon website registration</li> <li><input type="radio"/> Inquiry upon call to customer service</li> <li><input type="radio"/> Indirect method such as surname or zip code analysis</li> <li><input type="radio"/> Other (please explain)</li> <li><input type="radio"/> Data not collected</li> </ul>	
Race/ethnicity	<ul style="list-style-type: none"> <li><input type="radio"/> Enrollment form</li> <li><input type="radio"/> Oral health risk assessment</li> <li><input type="radio"/> Information requested upon website registration</li> <li><input type="radio"/> Inquiry upon call to customer service</li> <li><input type="radio"/> Indirect method such as surname or zip code analysis</li> <li><input type="radio"/> Other (please explain)</li> <li><input type="radio"/> Data not collected</li> </ul>	

Primary language	<ul style="list-style-type: none"> <li>○ Enrollment form</li> <li>○ Oral health risk assessment</li> <li>○ Information requested upon website registration</li> <li>○ Inquiry upon call to customer service</li> <li>○ Indirect method such as surname or zip code analysis</li> <li>○ Other (Please explain)</li> <li>○ Data not collected</li> </ul>	
Disability	<ul style="list-style-type: none"> <li>○ Enrollment form</li> <li>○ Oral health risk assessment</li> <li>○ Information requested upon website registration</li> <li>○ Inquiry upon call to customer service</li> <li>○ Indirect method such as surname or zip code analysis</li> <li>○ Other (Please explain)</li> <li>○ Data not collected</li> </ul>	

**5.1.2** If the Contractor answered “data not collected” in the data elements (5.1.1) above, please discuss how the plan is making progress on collecting data elements to support improving health equity.

**5.1.3** Indicate how race/ethnicity, primary language, and disability status data are used to address quality improvement and health equity. -Select all that apply.

- Assess adequacy of language assistance to meet members’ needs
- Calculate dental quality performance measures by race/ethnicity, language, or disability status
- Calculate member experience measures by race/ethnicity, language, or disability status
- Identify areas for quality improvement
- Identify areas for health education/promotion
- Share provider race/ethnicity/language data with member to enable selection of concordant dentists
- Share with dental network to assist them in providing language assistance and culturally competent care
- Set benchmarks or target goals for reducing measured disparities in preventive or diagnostic care
- Analyze disenrollment patterns
- Develop outreach programs that are culturally sensitive (please explain)
- Other (please explain)

- Race/ethnicity data not used for quality improvement or health equity
- Language data not used for quality improvement or health equity
- Disability data not used for quality improvement or health equity

**5.1.4** If the Contractor answered “data not collected” in the data elements (5.1.1) above, please discuss how the plan is making progress on using data elements to support improving health equity.

## **5.2 Attachment 7, 2.05 Risk Assessment**

**5.2.1** Indicate features of the oral health risk assessment to determine Covered California enrollee-Enrollee oral health status. -Select all that apply.

- Oral health risk assessment offered online or in print
- Oral health risk assessment offered through telephone interview with a live person
- Oral health risk assessment offered in multiple languages
- Upon completion of oral health risk assessment, risk-factor education is provided to member based on member-specific risk, e.g. if member reports tobacco use, education is provided on gum disease risk
- Personalized oral health risk assessment report is generated with risk modification actions
- Member is directed to interactive intervention module for behavior change upon risk assessment completion
- Email on self-care generated based on Covered California enrollee-Enrollee responses
- Email or phone call reminders to schedule preventive or diagnostic visits generated based on Covered California enrollee-Enrollee responses
- Oral health risk assessment not offered

**5.2.2** Does the Contractor collect information on Covered California enrollee-Enrollee oral health status using any of the following sources of data? Select all that apply.

- Oral health risk assessment
- Claims data
- Other (please explain)
- Data on oral health status not collected

**5.2.3** Discuss any planned activities to build capacity or systems to determine Covered California enrollee-Enrollee oral health status.

### **5.3 Attachment 7, 2.06 Reporting to and Collaborating with Covered California Regarding Health Status**

**5.3.1** Does the Contractor use any of the following sources of data to track changes in oral health status among Covered California Plan Enrollees? Select all that apply.

- Oral health risk assessment
- Claims data
- Other (please explain)
- Data on oral health status not used

**5.3.2** Discuss any planned activities to build capacity or systems to track changes in Covered California enrollee-Enrollee oral health status.

### **5.4. Attachment 7, 3.01 Health and Wellness Services**

**5.4.1** Which of the following activities are used by the Contractor to encourage use of diagnostic and preventive services?

- Mailed printed materials about preventive services with \$0 cost-share to members (oral exam, cleaning, X-rays)
- Emails sent to membership about preventive services with \$0 cost-share to members (oral exam, cleaning, X-rays)
- Automated outbound telephone reminders about preventive services with \$0 cost-share to members (oral exam, cleaning, X-rays)
- Other (please explain)
- No current activities used to encourage use of preventive services

**5.4.2** Discuss any planned activities to encourage use of diagnostic and preventive services.

**5.4.3** If Contractor indicated that any of the activities in 5.4.1 are used to encourage use of diagnostic and preventive services, please upload as an attachment screenshots and/or materials demonstrating these activities.

**5.4.4** Which of the following activities are used by the Contractor to communicate oral health and wellness (i.e. self-care for maintaining good oral health)?

- Mailed printed materials about oral health self-care
- Emails sent to membership about oral health self-care
- Other (please explain)
- No current activities used to encourage oral health self-care

5.4.5 Discuss any planned activities to communicate oral health and wellness information to Covered California Enrollees.

5.4.6 If Contractor indicated that any of the activities in 5.4.4 are used to communicate oral health and wellness, please upload as an attachment screenshots and/or materials demonstrating these activities.

## 5.5 Attachment 7, 3.02 Community Health and Wellness Promotion

5.5.1 Please indicate the type of initiatives, programs, and projects the Contractor supports and describe how such activities specifically promote community health and/or address health disparities. Select all that apply and provide a narrative report in the “details” describing the activity.

Type of Activity	Details
Internal facing, member-related efforts to promote oral health (e.g., oral health education programs)	
External facing, high-level community facing activities (e.g., health fairs, attendance at community coalitions, participation in health collaboratives)	
Engaged with non-profit health systems or local health agencies to conduct community risk assessments to identify high priority needs and health disparities related to oral health	
Community oral health effort built on evidence-based program and policy interventions, and planned evaluation included in the initiative	
Funded community health programs based on needs assessment or other activity	
Plan is currently planning a community health promotion activity	
Plan does not conduct any community health initiatives	

## 5.6 Attachment 7, 4.02 Promoting Development and Use of Care Models

5.6.1 If applicable to the QDP Issuer’s delivery system, please report the number of Covered California ~~enrollees~~ Enrollees who have been assigned a primary care dentist.

Number of Covered California <del>enrollees</del> <u>Enrollees</u> who have been assigned a primary care dentist	
Number of Covered California <del>enrollees</del> <u>Enrollees</u>	

**5.6.2** If assignment to a primary care dentist is not required, describe how Contractor encourages member’s use of dental home.

**5.6.3** If assignment to a primary care dentist is not required, describe how Contractor encourages contracted providers to retain patients for continued care.

**5.7 Attachment 7, 4.03 Identification and Services for At-Risk Covered California Enrollees**

**5.7.1** How does the Contractor currently identify at-risk Covered California enrolleesEnrollees, which may include members with existing or newly diagnosed needs for dental treatment or members with co-morbid conditions?

- Claims data
- Website registration prompts self-report of existing/newly diagnosed need for dental treatment and/or co-morbid conditions
- Oral health risk assessment
- Other (please explain)
- Plan does not currently identify at-risk Covered California enrolleesEnrollees

**5.7.2** Discuss any planned activities to identify at-risk Covered California enrolleesEnrollees.

**5.7.3** Please report the number of Covered California ~~enrollees~~Enrollees who have been identified as “at-risk.”

Number of Covered California <del>enrollees</del> <u>Enrollees</u> who have been identified as “at-risk”	
Number of Covered California <del>enrollees</del> <u>Enrollees</u>	

**5.8 Attachment 7, 5.01 Provider Cost and Quality**

**5.8.1** Indicate how the Contractor provides members with cost information for network providers. Select all that apply.

- Web site includes a cost calculator tool for dental services (e.g. crowns, casts, endodontics, periodontics, etc.)
- Web site provides information on average regional charges for dental services (e.g. crowns, casts, endodontics, periodontics, etc.)
- Cost information on provider-specific contracted rates available upon request through Web site or customer service line
- Members directed to network providers to request cost information
- Other (please explain)
- Cost information not provided to membership

**5.8.2** If the plan does not currently provide members with cost information, please report how the Contractor intends to make provider-specific cost information available to members.

**5.8.3** To what extent does the Contractor encourage use of high quality network dental providers?

- Auto-assign members to high-performing dental providers
- Identify high-performing providers through the provider directory or other web site location
- Customer service referral to dental provider
- Other (please explain)
- Contractor does not encourage use of high-performing dental providers

**5.8.4** If the Contractor encourages use of high-performing dental providers, what criteria does the Contractor use to identify high-performing providers?

- Dental quality measures
- Health improvement initiatives
- Preventive services rendered
- Patient satisfaction
- Low occurrence of complaints and grievances
- Other (please explain)
- Contractor does not encourage use of high-performing dental providers

**5.8.5** If the plan does not currently identify or encourage use of high-performing dental providers, please report how the Contractor intends to identify high-performing dental providers.

## **5.9 Attachment 7, 5.03 Covered California Enrollee Benefit Information**

5.9.1 Indicate how the plan provides Covered California ~~plan enrollees~~ Enrollees with current information regarding annual out-of-pocket costs, status of deductible, status of benefit limit if applicable, and total oral health care services received to date. Select all that apply.

- Status of deductible, out-of-pocket costs, and oral health services received to date provided through member login to the dental plan website
- Status of deductible, out-of-pocket costs, and oral health services received to date provided by mailed document upon request
- Status of deductible, out-of-pocket costs, and oral health services available upon member request to customer service
- Other (please explain)
- Status of deductible, out-of-pocket costs, and oral health services received to date not provided